

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1		1			52						
3		2		1			53						
4	1						54						
5		①		1			55						
6	1		1				56						
7		1		1			57						
8		2		2			58						
9	1	①		1			59						
10							60						
11	1		1				61						
12	1		1				62						
13		1		1			63						
14		2		2			64						
15		①		1			65						
16	1		1				66						
17		1		1			67						
18		2		2			68						
19		①		1			69						
20		2		1			70						
21	1		1				71						
22		1		1			72						
23		2		2			73						
24	1		1				74						
25		1		1			75						
26							76						
27							77						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.			26				TOTAL DEP.						
TOTAL CLAIMS			26				TOTAL CLAIMS						